

## DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 402726 ✓	RECEIPT DATE:	10 / 08 / 99 ✓
IA NUMBER:	PCT/ DE98 / 00912 ✓	IA FILING DATE:	03 / 27 / 98 ✓
FAMILY NAME:	KOCK ✓	DELAY WAIVED (Y/N):	Y ✓
GIVEN NAME:	GERHARD ✓	DEMAND RECEIVED (Y/N):	N ✓
PRIORITY CLAIMED (Y/N):	Y ✓	PRIORITY DATE:	04 / 10 / 97 ✓
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	KOCK PCT ✓	COUNTRY:	DEX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	5163659802
		FAX	
NAME:	COLLARD & ROE ✓		
STREET:	1077 NORTHERN BOULEVARD ✓		
CITY:	ROSLYN ✓		
STATE/COUNTRY:	NY ✓	ZIP:	11576 ✓
EMAIL:			
APPLICATION TITLES:			
	SOUND PICKUP DEVICE, SPECIALLY FOR A VOICE STATION ✓		

TAB TO LAST POSITION.PUSH SEND

SERIAL NUMBER 09/402,726	FILING DATE 10/08/99	CLASS 311	GROUP ART UNIT 2747	ATTORNEY DOCKET NO. KOCKPCT
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APPLICANT

GERHARD KOCK, WEDEMARK, FED REP GERMANY.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED THIS APPLN IS A 3/1 OF PCT/DE98/00912 03/27/98

GJM

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED FED REP GERMANY 197 14 748.8 04/10/97

GJM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/05/00 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY DEX	SHEETS DRAWING 6	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Initials <u>GJM</u> Initials <u>GJM</u>					

ADDRESS

COLLARD & ROE  
1077 NORTHERN BOULEVARD  
ROSLYN NY 11576

PHONE: (516)365-9802

TITLE

SOUND PICKUP DEVICE, SPECIALLY FOR A VOICE STATION

FILING FEE RECEIVED \$420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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